

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155143		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2011	
NAME OF PROVIDER OR SUPPLIER  MEADOWS MANOR NORTH RETIREMENT AND CONVALESCENT				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN47804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/10/11</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadows Manor North Retirement and Convalescent Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111)</p>			K0000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor North Retirement and Convalescent Center does not believe and does not admit that any deficiencies existed before, during or after the survey. Meadows manor North Retirement and Convalescent Center reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows Manor North Retirement and Convalescent Center reserves all rights to raise all possible contention and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable peer review, quality assurance or self critical examination privileges which Meadows Manor North Retirement and Convalescent Center does not waive and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows manor North Retirement and Convalescent Center offers its responses,</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0021 SS=E	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 104 and had a census of 79 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/18/11.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to</p>			K0021	<p>credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality of care to its residents.</p> <p>The Hasp and bungee cord was removed so that the door will close automatically when the fire</p>		08/10/2011

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	<p>ensure the door to 1 of 10 hazardous areas, such as an electrical/mechanical room, was held open by a device which would cause the door to close automatically when the fire alarm system was activated. This deficient practice affects visitors, staff and 12 residents located in the lounge in zone 6.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 08/10/11 at 11:05 a.m., the self closing door to the electrical/mechanical room across from the laundry has a sign which read, "keep closed". The door was equipped with a hasp on the back side of the door. A bungee cord was secured to the hasp and a shelving unit behind the door. The cord held the door to the unoccupied room wide open. The maintenance director said at the time of observation, he knew the door should not have been held open this way.</p> <p>3.1-19(b)</p>				<p>alarm system is activated. This item could potentially affect all residents in the facility, as do all areas of fire safety. The facility maintenance supervisor will be the responsible person and will monitor by visibly inspecting the door, to ensure that this type of finding does not recur.</p>		

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K0029 SS=E	<p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to provide latches for hazardous area access doors in 5 of 10 sprinklered hazardous areas such as a soiled linen and trash collection sites. Sprinklered hazardous areas are required to be equipped with self closing doors or with doors that close automatically upon activation of the fire alarm system. This deficient practice could affect visitors, staff and at least 10 residents in the center smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 08/10/11 between 10:30 a.m. and 2:45</p>			K0029	<p>The four soiled utility rooms doors and the maintenance shop door are now equipped with latches to hold the doors in their door frames. This item could potentially affect all residents in the facility as do all areas of fire safety. The maintenance director will be responsible person and will monitor by visibly inspecting all maintenance and construction to ensure that this type of finding does not recur.</p>		08/23/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>p.m., corridors doors to the maintenance shop and the four soiled utility rooms, one on each resident sleeping room wing, were equipped with magnetic door locks to keep the doors closed. There were no latches to hold the doors in their door frames. The maintenance director agreed at the time of observation, when the locks released upon activation of the fire alarm, there was nothing to hold the doors securely in their door frames in the event of fire.</p> <p>3.1-19(b)</p>						